Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

		PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Inless it displays a valid OMB control number Application or Docket Number			
		CL	AIMS AS	FILED - PA						1/0	0-1	833		
	5/	7	(Column 1)		(Column 2)	,	SMALL E		TITY	OR	O SA	OTHER THAN SMALL ENTITY		
	FOR BASIC FEE (37 CFR 1.16(a))		NUMBER FILED		NUMBER EXTR	Α	RATE		FEE	7				
	TOTAL CLAIM	15						5		OR	RATE	FE		
	(37 CFR 1.16)	IT CLAIME		minus 20 =	•		X \$_	=		1				
- 1	(37 CFR 1.16(b))		ninus 3 =	•		x \$	=		OR	× s	=		
ŀ	MULTIPLE DE	PENDENT CLAI	M PRESENT	(37 CFR	1 16(d))		+ 5			OR	× s	=		
1	· If the differen	ice in column 1	is less than z	ero, enter "0" ii	n column 2	<i>-</i>		-		OR	+ 5	=		
				DED – PAR			TOTAL	· L_		OR	TOTAL			
	3-28 C	_		DCD - PAR	(14)									
Ĭ	2/	CLA (Colum			umn 2) (Column	3)	SMAL	L ENTI	ΓY	OR	отн	ER THAN		
	2/2/1	REMAI	INING	HIGH	BER PRESEN		RATE		001-	ſ		LENTITY		
	Total Total (37 CFR 1 16) Independent (37 CFR 1 16)	AMEND	MENT	PREVIO PAID	FOR	_11	_	TIC	NAL EE		RATE	ADDI- TIONAL		
2	(37 CFR 1 16) Independent	1	Mit	_ XC	2	X	25 =			-	<u> </u>	FEE		
7 7 7	(37 CFR 1 16(t		Min		<i>f</i>	7	100 =	-		- 1	x <u>150</u> =	 		
_	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT CLAIM	(37 CFR 1 16(d))	7	180=			OR /	x <u>s 200=</u>			
								+		_	s 360=			
_		(Column	1)	(Colum	nn 2) (C+(ADO)'L FEE	L			OTAL DD'L FEE			
	ł	CLAIMS REMAINII	S NG	HIGHES	ST	7 [7						
NIND WILL I		AFTER AMENDME		PREVIOU PAID FO	SLY EXTRA	R	ATE	DDA MONT			RATE	ADDI:		
٥	Total (37 CFR 1.16(c))	<u> </u>	Minus		=	1 -		FEE				TIONAL FEE		
	Independent (37 CFR 1.16(b))		Minus	1	=		<u>:5 =</u>		_ •	R X	5 <u>0</u> =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))					× 5_/	00=		0	₹ X 5	200			
				(3	7 CFR 1 16(d))	+ s/			OF	₹	360=			
		(6.4				ADDL			OF	TO:	TAL D'L FEE			
Γ		(Column 1) CLAIMS	T	(Column 2 HIGHEST	2) (Column 3)			_	_		· [_			
1		REMAINING AFTER	- f - i	NUMBER PREVIOUSL	PRESENT Y EXTRA	RAT	E	ADDI-	7					
1	Total 37 CFR 1.16(c))	AMENDMENT	Minus	PAID FOR				TIONAL FEE	1	R	ATE	ADDI- TIONAL		
F C	ndependent 7 CFR 1.16(b))	•	Minus		=	x s 25	=		OR	\	50=	FEE		
_					=	x s/00	2 ₌		7					
FI	KST PRESENTA	TION OF MULTIP	LE DEPENDEI	IT CLAIM (37 (CFR 1 16(d))	+5/8			OR	× 5_2				
If d	ha ont-				 J	TOTAL			OR	TOTAL	60			
If (he "Highest Nu	umn 1 is less the Imber Previousl	an the entry i y Paid For th	n column'2, wr	ite "0" in column 3 is less than 20, ent	ADD'L F	E L		OR	ADD'L	FEE			
The	Highest Num	mber Previously Iber Previously I	Paid For IN	THIS SPACE	is less than 20, ent is less than 3, enter	er "20"	•					1		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3"
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-500-PTO-9199 and select option 2